



DO NOT WRITE IN THESE SPACES			
DATE RECEIVED	JOB NO.	PRESS	DUE DATE
CUST. CODE	CUST. REP.	ORDER WRITER	PRODUCT CODE
PRODUCT SPEC.	SERVICE TYPE	REQ. TYPE	STATUS CODE
JOB PARTS	FILE CODE:		

1 DATE	2 CUST. REF. NO.	3 FORM NO.	4 PUBLICATION NO.
5 DEPARTMENT		6 DIVISION	
7 CONTACT PERSON	8 PHONE NO.	9 FAX NO.	
10 DELIVERY ADDRESS			
11 ALLOTMENT CODE	12 COST INDEX	13 OBJECT CODE	
14 PRINTING JOB TITLE			
18 QUANTITY	19 PAGES PRINT 1 SIDE _____ PRINT 2 SIDE _____ TOTAL SHEETS _____	20 COVER <input type="checkbox"/> SELF <input type="checkbox"/> 1 SIDE <input type="checkbox"/> 2 SIDE	21 PRINT <input type="checkbox"/> HEAD TO HEAD <input type="checkbox"/> HEAD TO FOOT <input type="checkbox"/> HEAD TO SIDE

<p>15 ESTIMATE NO.</p>	<p>17 TYPE OF REQUEST</p> <p><input type="checkbox"/> NEW — ONE TIME ONLY</p> <p><input type="checkbox"/> NEW — FILE</p> <p><input type="checkbox"/> REPRINT — FILE</p> <p><input type="checkbox"/> REVISION — FILE</p> <p><input type="checkbox"/> RETURN</p>
<p>16 TYPE OF SERVICE REQUESTED</p> <p><input type="checkbox"/> NORMAL SERVICE</p> <p><input type="checkbox"/> SPECIAL SERVICE</p>	
<p>22 SIZE</p> <p><input type="checkbox"/> 4 1/4 x 5 1/2 <input type="checkbox"/> 8 1/2 x 11</p> <p><input type="checkbox"/> 5 1/2 x 8 1/2 <input type="checkbox"/> 8 1/2 x 14</p> <p><input type="checkbox"/> 6 x 9 <input type="checkbox"/> 11 x 17</p> <p>OTHER _____</p>	<p>23 FURNISHED</p> <p><input type="checkbox"/> ART <input type="checkbox"/> TYPE</p> <p><input type="checkbox"/> NEGATIVES <input type="checkbox"/> DISK</p> <p><input type="checkbox"/> TYPE SPECS.</p> <p><input type="checkbox"/> SAMPLE</p>

24 TYPE SET: ☐ YES ☐ NO
 ☐ COMPLETE ☐ CHANGES

☐ TRANSLATE DISK

SOFTWARE _____ VR _____

PROOFS ☐ YES ☐ NO

☐ GALLEY ☐ LAYOUT ☐ COLOR KEYS

☐ PAGE ☐ BLUELINES ☐ PRESS

25	PAPER STOCK: TYPE/NAME	WT	PAPER COLOR	INK COLOR
	TEXT 1			
	TEXT 2			
	COVER			
	OTHER			
	FURNISHED			
	ENVELOPE: SIZE _____ X _____ WINDOW <input type="checkbox"/>			

[illegible]

<p>26 NCR</p> <p>NO. OF PARTS _____ 3. _____</p> <p>COLOR SEQUENCE _____ 4. _____</p> <p>1. _____ 5. _____</p> <p>2. _____ <input type="checkbox"/> STD. PRECOLLATED SEQUENCE</p>	<p>27 <input type="checkbox"/> NUMBER</p> <p>START _____</p> <p>STOP _____</p> <p>LOCATION _____</p> <p>INK:</p> <p><input type="checkbox"/> BLACK <input type="checkbox"/> RED</p>
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28 BINDERY		
<input type="checkbox"/> COLLATE	<input type="checkbox"/> TRIM ONLY	<input type="checkbox"/> PERFECT BIND
<input type="checkbox"/> W/INSERTS	<input type="checkbox"/> DRILL	<input type="checkbox"/> TAPE BIND
<input type="checkbox"/> SLIP SHEETS	NO. HOLES _____	<input type="checkbox"/> WRAPAROUND COVERS
<input type="checkbox"/> STAPLE	<input type="checkbox"/> STANDARD	<input type="checkbox"/> DIE CUT TABS
<input type="checkbox"/> CORNER	<input type="checkbox"/> OVERSIZE	<input type="checkbox"/> LAMINATE TABS
<input type="checkbox"/> SIDE NO. _____	<input type="checkbox"/> CTR TO CTR	<input type="checkbox"/> REINFORCE DRILLED SIDE
<input type="checkbox"/> TOP NO. _____	<input type="checkbox"/> STANDARD 4 1/4"	<input type="checkbox"/> 3-HOLE DRILL
<input type="checkbox"/> SADDLE	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> DIE CUT OTHER
<input type="checkbox"/> FOLD 1/3 1/2 1/4	<input type="checkbox"/> MAILING TAB	<input type="checkbox"/> PERFORATE
(ENCLOSE SAMPLE)	<input type="checkbox"/> MAILING LABEL	<input type="checkbox"/> SCORE
_____ X _____	<input type="checkbox"/> GBC PUNCH BINDERS	<input type="checkbox"/> LAMINATE SHEETS
<input type="checkbox"/> COPY IN	COLOR _____	
<input type="checkbox"/> COPY OUT	SIZE _____	
	DIA. _____	
		<input type="checkbox"/> PAD
		<input type="checkbox"/> NCR
		<input type="checkbox"/> OTHER
		_____ SHEETS
		_____ SETS
		_____ TOTAL PADS
		<input type="checkbox"/> WRAP
		<input type="checkbox"/> SHEETS _____
		<input type="checkbox"/> PADS _____
		<input type="checkbox"/> SETS _____
		<input type="checkbox"/> BOOKS _____
		<input type="checkbox"/> BOX - QTY. _____
		<input type="checkbox"/> RUBBER BAND - QTY. _____
		<input type="checkbox"/> OTHER _____
		<input type="checkbox"/> SPECIAL INSTRUCTIONS

29 SPECIAL BILLING INSTRUCTIONS	30 AGENCY AUTHORIZING SIGNATURE	31 DATE	32 DELIVERY DATE REQUESTED
	33 AGENCY RECEIVED AND APPROVED	34 DATE	

INSTRUCTIONS

For additional help, call your customer service representative, or call the Printing Services Division at 741-1726.

1. **DATE:** Enter the date the Printing Requisition is completed.
2. **CUSTOMER REF. NO.** Enter the reference number (assigned by the Department). This number is used by the Printing Services Division for tracking with the Department.
3. **FORM NO.** If printing a form, enter the official form number (assigned by the Records Management Division).
4. **PUBLICATION NO.** If printing a publication, enter the publication authorization number (assigned by the Records Management Division).
5. **DEPARTMENT** Enter the name of the Department requesting printing.
6. **DIVISION** Enter the name of the Division requesting printing.
7. **CONTACT PERSON** Enter the name of the person to answer questions about the printing request.
8. **PHONE NO.** Enter the phone number of the contact person.
9. **FAX NO.** Enter the fax number of the contact person.
10. **DELIVERY ADDRESS** Enter the complete address (including Zip Code) where the printed material is to be delivered.
11. **ALLOTMENT CODE** Enter the 5-digit allotment code (e.g., 327.01) for the Department requesting printing.
12. **COST INDEX** Enter the Cost Index (Cost Center) code (e.g., 10000) for the Department requesting printing.
13. **OBJECT CODE** Enter either 040 (for forms) or 044 (for publications).
14. **PRINTING JOB TITLE** Enter the name or title of the form, publication, or document being printed.
15. **ESTIMATE NO.** Enter the estimate number from the Printing Cost Estimate form. (GS-0306).
16. **TYPE OF SERVICE REQUESTED**
Check the type of service requested.
Normal Service – Usually ranges from one week (Copy Center) to five weeks, depending on work load.
Special Service – Usually ranges from same-day service (Copy Center) to 8-10 days (Press Room work).
17. **TYPE OF REQUEST** Check the appropriate type of request.
18. **QUANTITY** Enter the number of printed copies requested, for books, folders, etc.
For loose pages or pads, enter the number of printed sheets.
19. **PAGES** Enter information about the pages to be printed:
Print 1 Side — Number of finished one-side sheets
Print 2 Side — Number of finished two-side sheets
Total Sheets — Total number of sheets (total finished sheets including blank sheets in the document)
20. **COVER** If the material includes a cover, indicate how the cover is to be printed:
21. **PRINT** For 2 Side printing, indicate how the material is to be printed:
Head to Head — Top of Front to Top of Back
Head to Foot — Top of Front to Bottom of Back
Head to Side — Top of Front to Side of Back
22. **SIZE** Enter the final size of the printed document. If it folds, enter the size after folded.
23. **FURNISHED** Check appropriate customer-furnished items.
24. **TYPE** If the Printing Division is asked to set type, check the appropriate requirements.
25. **PAPER STOCK** Enter the paper type, weight, and color, along with color of ink(s).
26. **NCR** Indicate number of parts, if pre-collated NCR paper is used, check the appropriate box. Otherwise, list each part color in sequence.
27. **NUMBER** Complete only if printed material is to be sequentially-numbered (NOT page numbers).
28. **BINDERY** Check all bindery functions required for the print job.
29. **SPECIAL BILLING INSTRUCTIONS** Enter billing address if different from delivery address.
30. **AGENCY — AUTHORIZATION** Enter the signature of the person authorizing the Printing Requisition. (MUST be signed)
31. **DATE** Enter the date of the authorizing signature.
32. **DELIVERY DATE REQUESTED** Enter the requested delivery date.
33. **AGENCY — RECEIVED & APPROVED** Enter the signature of the person who receives and approves the completed print job at the time job is received.
34. **DATE** Enter the date the printed material is received and approved.